

National Steel Service, Inc.
ATTN: Dennis O'Neil
P.O. Box 6000
Riverside, GA 30091

Permanent Closure or Change-In-Service

According to the county of the facility's
OWNER'S COPY (BLUE) FOR REGIONAL

State Use Only

I. D. Number

Date Received JAN 14 1993

INSTRUCTIONS

by (30) days prior to closure or change-in-service.

II. LOCATION OF TANK(S)

Tank Owner Name: National Steel Service, Inc.
(Corporation, Individual, Public Agency, or Other Entity) 965

Street Address: National Service Road

County: Guilford

City: Greensboro State: NC Zip Code: 27419

Tele. No. (Area Code): 919-668-2731

Facility Name or Company National Steel Service Co

Facility ID # (if available) 0-009601
7965

Street Address or State Road: National Service Rd

County: Guilford City: Zip Code: 27419

Tele. No. (Area Code): 919-668-2731

III. CONTACT PERSON

Name: Sharon Drescher Job Title: Env. Scientist Telephone Number: (919) 855-7547

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: StME, Inc.

Address: 135-C Montlieu Ave State: NC Zip Code: 27419

Greensboro

Contact: Sharon Drescher Phone: 919-855-7547

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment in Place	New Contents Stored
<u>1</u>	<u>10,000 gal</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Sharon Drescher Environmental Scientist

*Scheduled Removal Date: 2/16/93

Signature: Sharon Drescher

Date Submitted: 1/14/93

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.